PTO/SB/21 (09-06)
Approved for use through 03/31/2007. OMB 0651-0031
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		Application Number	10/813,077						
TRANSMITT	AL	Filing Date	March 31, 2004						
FORM		First Named Inventor	Makiko TANGO						
		Art Unit	2859						
(to be used for all correspondence after	·initial filing)	Examiner Name	G. K. Verbitsky						
Total Number of Pages in This Submiss	sion 8	Attorney Docket Number	325772035200						
ENCLOSURES (Check all that apply)									
X Fee Transmittal Form	Drawing(s)		After Allowance Communication to TC						
Fee Attached	Licensing-rela	ated Papers	Appeal Communication to Board of Appeals and Interferences						
X Amendment/Reply	Petition	] [	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)						
X After Final	Petition to Co Provisional A		Proprietary Information						
Affidavits/declaration(s)		rney, Revocation rrespondence Address	Status Letter						
X Extension of Time Request	Terminal Disc	claimer	X Other Enclosure(s) (please Identify below):						
Express Abandonment Request	Request for I	Refund	Return Receipt Postcard						
Information Disclosure Statement	CD, Number	of CD(s)							
Certified Copy of Priority Document(s)	Landsc	ape Table on CD							
Reply to Missing Parts/ Incomplete Application	Remarks								
Reply to Missing Parts under 37 CFR 1.52 or 1.53		•							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
Firm Name MORRISON'S FOEF	RETER LLP								
Signature	/								

Reg. No.

45,640

Printed name

Date

Jonathan Bockman

March 5, 2007



PTO/SB/17 (07-06)
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Effective on 42/09/2004				Complete if Known						
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL			Application Nun	nber	10/813,077					
			Filing Date	ı	March 31, 2004					
			First Named Inventor Makiko TANO			0				
For FY 2006			Examiner Name G. K. Verbit							
Applicant claims small entity status. See 37 CFR 1.27			Art Unit	2	859					
TOTAL AMOUNT OF PAYMENT (\$) 120.00			Attorney Docket No. 32577203			)				
METHOD OF PAYMENT (check all that apply)										
Check Credit Card Money Order None Other (please identify):										
x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP										
For the	above-identified depo	sit account, the D	Director is	hereby authorize	ed to: (chec	k all that apply)				
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee										
Charge any additional fee(s) or underpayment of x Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17										
FEE CALCU	<u> </u>	, ,					<del></del>			
	G, SEARCH, AND E	XAMINATION FE	ES							
		LING FEES		ARCH FEES	EXAMIN	IATION FEES				
Annlinetien T	Fac (\$	Small Entity	Eag /f	Small Entity	Eoo (\$)	Small Entity	Foor P	aid (\$)		
Application To Utility	<u>ype Fee (\$</u> 300	) <u>Fee (\$)</u> 150	Fee (\$	) <u>Fee (\$)</u> 250	Fee (\$) 200	<u>Fee (\$)</u> 100	1 603 1	alu (v)		
Design	200	100	100	50	130	65				
Plant	200	100	300	150	160	80				
Reissue	300	150	500	250	600	300				
	200	100	0	0	0	0				
Provisional		100	U	U	U	U		Emall Entity		
2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)										
Fee Description Each claim over 20 (including Reissues)  50 25										
							100			
Multiple dependent claims . 360 180										
			Paid (\$)	Mu	Multiple Dependent Claims					
26 - 26 = x =						ee Paid (\$				
HP = highest number of total claims paid for, if greater than 20.										
Indep. Claims	Extra Claims	Fee (\$)	Fee F	Paid (\$)						
5	-5=	· = _								
HP = highest number of independent claims paid for, if greater than 3.										
3. APPLICATION SIZE FEE										
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer										
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
- 100 = /50 (round up to a whole number) x =										
4. OTHER FEE(S)  Fees Paid (\$)										
Non-English Specification, \$130 fee (no small entity discount)										
Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00										
SUBMITTED BY										
Registration No. 45 640 Telephone (703) 760-7769										
Name (Print/Type) - Jonathan Bockman				(Attorney/Agent)	-,	Date	March 5,			
realite (Fillio Lype)	- Juliaman puckma	111				Date	waren 5,	2001		